# HOUSE BILL REPORT HB 1555

## As Reported by House Committee On:

Health Care & Wellness

**Title**: An act relating to the education of surgical technologists.

**Brief Description**: Concerning the education of surgical technologists.

**Sponsors**: Representatives Green, Warnick, Cody, Morrell and Ryu.

**Brief History:** 

**Committee Activity:** 

Health Care & Wellness: 2/21/13, 2/22/13 [DPS].

### **Brief Summary of Substitute Bill**

- Prohibits a person from performing the functions of a surgical technologist unless he or she is a registered surgical technologist.
- Adds educational requirements for registered surgical technologists who work in hospitals.

#### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report**: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Cody, Chair; Jinkins, Vice Chair; Angel, Clibborn, Moeller, Morrell, Riccelli, Tharinger and Van De Wege.

**Minority Report**: Do not pass. Signed by 7 members: Representatives Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Green, Manweller, Rodne, Ross and Short.

Staff: Jim Morishima (786-7191).

#### Background:

A surgical technologist is a person who is supervised in a surgical setting under the delegation of a physician, a registered nurse, an advanced registered nurse practitioner, an osteopathic physician, an osteopathic physician assistant, a podiatric physician, a physician

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assistant, or a naturopath. Surgical technologists typically perform tasks such as preparing basic sterile packs and trays; assisting with the physical preparation of the operating room; creating the sterile field; maintaining sterile technique during operative procedures; identifying and selecting appropriate packs, trays, and accessory/specialty equipment for each surgery; and preparing specimens for submission for pathological analysis.

Surgical technologists must register with the Department of Health (DOH) and do not have any specific statutory scope of practice or educational requirements.

In 2012 the DOH conducted a sunrise review of a proposal that would make surgical technologists a certified profession. The proposal gave surgical technologists a specific scope of practice and imposed educational requirements on the profession. The DOH did not support the proposal because the significant barrier the proposal would present to surgical technologists was not justified by documented evidence of a problem in Washington.

# **Summary of Substitute Bill:**

No person may perform the functions of a surgical technologist unless he or she is registered with the DOH. In order to perform surgical technology functions in a hospital, a registered surgical technologist must:

- successfully complete a nationally and programmatically accredited surgical technology program;
- successfully complete a surgical technology program offered by the United States armed forces; or
- have been employed or contracted to perform surgical technology functions in a hospital or ambulatory surgical center for a period of one year in the five years immediately preceding January 1, 2015.

The regulation of surgical technologists does not prohibit or affect:

- a credentialed health professional acting within his or her scope of practice;
- a person performing functions for the federal government; or
- a person completing the clinical portion of a surgical technologist education program.

## **Substitute Bill Compared to Original Bill:**

The substitute bill:

- removes the list of tasks a surgical technologist may perform:
- applies the educational requirements only to surgical technologists who work in hospitals; and
- clarifies that the regulation of surgical technologists does not prohibit or affect:
  - a credentialed health professional acting within his or her scope of practice;
  - a person performing functions for the federal government; or
  - a person completing the clinical portion of a surgical technologist education program.

**Appropriation**: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed, except for sections 1 through 3 prohibiting a person from performing the functions of a surgical technologist unless he or she is a registered surgical technologist, establishing educational requirements for hospital-based surgical technicians, and specifying the persons to whom the surgical technology requirements do not apply, which take effect August 1, 2014.

# **Staff Summary of Public Testimony:**

(In support) People who treat patients should be accountable for the care they administer. This bill responds to many of the concerns in the sunrise review and only affects hospitals and ambulatory surgical facilities. This bill does not affect office-based surgeries. The training required by this bill is only one to two years in length and is readily available. The bill also "grandfathers" existing surgical technologists. Surgical technologists are a hidden profession; they are often not named when an adverse incident occurs. The surgical technologist is usually not watched in the operating room, but is responsible for a variety of important tasks such as maintaining sterility. Currently, people can be hired off the street and given on-the-job training. The educational requirements of this bill will help give surgical technologists the foundation to be able to react and respond in an emergency. The additional education will also make surgical technologists more employable and will help with career laddering.

(Opposed) Mandating education and a scope of practice for surgical technologists will increase costs and decrease access by creating a barrier to entry. On-the-job training for surgical technologists is effective. This bill will close the door to many surgical technologists; this bill will require many people to quit their jobs to go to school. Formal surgical technology education programs focus on hospitals, not ambulatory surgical facilities or clinics, which are often small and specialized; persons who complete these programs are therefore often not attracted to employment in these settings. There is no evidence that the current system is leading to public harm. This bill is therefore unnecessary.

**Persons Testifying**: (In support) Representative Green, prime sponsor; Janice Olmstead and Sandra Manwiller, Association of Surgical Technologists; Libby McRae, Yakima Valley Community College; and Vanessa Giles.

(Opposed) Dan Simonson, Hiroshi Nakano, and Emily Studebaker, Washington Ambulatory Surgery Center Association.

**Persons Signed In To Testify But Not Testifying**: Cody Arledge, United Food and Commercial Workers International Union; and Melissa Johnson, Washington State Nurses Association.

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